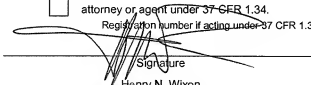


|   |            |  |           |
|---|------------|--|-----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2009</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |            | Docket Number (Optional)<br>0113847.00127US1                   |           |
| Application Number      10/590,848  |            | Filed      July 3, 2007  |           |
| For    NOVEL STEROID AGONIST FOR FXR  |            |  |           |
| Art Unit      1612  |            | Examiner      B. P. Badio                                      |           |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |            |  |           |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |            |  |           |
|   | <u>Fee</u> | <u>Small Entity Fee</u>  |           |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$130      | \$65   | \$ _____  |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$490      | \$245  | \$ _____  |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1110     | \$555  | \$ 555.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1730     | \$865  | \$ _____  |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350     | \$1175   | \$ _____  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |            |  |           |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |  |           |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |  |           |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |            |  |           |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number      08-0219                     |            |  |           |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.                      |            |  |           |
| I am the <input type="checkbox"/> applicant/inventor.   |            |  |           |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |  |           |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number      32,073  |            |  |           |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34      _____   |            |  |           |
| <br>_____<br>Henry N. Wixon<br>typed or printed name   |            | November 3, 2008<br>Date<br>(202) 663-6000<br>Telephone Number |           |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |            |  |           |
| <input type="checkbox"/> Total of      1      forms are submitted.  |            |  |           |

|  |   |
|--|---|
| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4). |   |
| Dated: November 3, 2008  | Signature:  (Henry N. Wixon) |